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|---|--|-------------|------------------|--|----|--|----------|---|----|--|----|--|----|-------------------|--------------------|------------------|--------|-----------|---------------------------|------|---------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. | AUGA17000025 | | | | | | | | | | | | | | | | | | |
| In re Application of | Augustine | | | | | | | | | | | | | | | | | | | | |
| Application No. | 09/771,791 | Filing Date | January 29, 2001 | | | | | | | | | | | | | | | | | | |
| Title | SURGICAL BARRIER DEVICE INCORPORATING AN INFLATABLE THERMAL BLANKET WITH A SURGICAL DRAPE TO PROVIDE THERMAL CONTROL AND SURGICAL ACCESS | | | | | | | | | | | | | | | | | | | | |
| Group Art Unit | 3739 | Examiner | Unknown | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provision of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows:</p> <table><tr><td><input type="checkbox"/> One month extension (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$400.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$200.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. (Check No. <u>511260</u>)</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50/2258</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (FORM/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number is acting under 37 CFR 1.34(a)</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> <table><tr><td>Name (Print/Type)</td><td>TERRANCE A. MEADOR</td></tr><tr><td>Registration No.</td><td>30,298</td></tr><tr><td>Signature</td><td><i>Terrance A. Meador</i></td></tr><tr><td>Date</td><td><i>11 June 2002</i></td></tr></table> | | | | <input type="checkbox"/> One month extension (37 CFR 1.17(a)(1)) | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$400.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | Name (Print/Type) | TERRANCE A. MEADOR | Registration No. | 30,298 | Signature | <i>Terrance A. Meador</i> | Date | <i>11 June 2002</i> |
| <input type="checkbox"/> One month extension (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$400.00 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | TERRANCE A. MEADOR | | | | | | | | | | | | | | | | | | | | |
| Registration No. | 30,298 | | | | | | | | | | | | | | | | | | | | |
| Signature | <i>Terrance A. Meador</i> | | | | | | | | | | | | | | | | | | | | |
| Date | <i>11 June 2002</i> | | | | | | | | | | | | | | | | | | | | |

☐ Total of _____ forms are submitted